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03-30-1999 90050 016 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005202

1. Corporation Name

SAVE OUR EVERGLADES ALLIANCE, INC.

Principal Place of Business

1919 ESPANOLA DR.
ORLANDO FL 32804

Mailing Address

1919 ESPANOLA DR.
ORLANDO FL 32804



2. Principal Place of Business

21 **11 DELEON AVENUE**

Suite, Apt. #, etc.

22

City & State

23 **ISLAMORADA FL**

Zip

24 **33036**

Country

25 **USA**

2a. Mailing Address

26 **P O BOX 1915**

Suite, Apt. #, etc.

27

City & State

28 **ISLAMORADA FL**

Zip

29 **33036**

Country

30 **USA**

3. Date Incorporated or Qualified

10/18/1994

4. FEI Number

59-3293184

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

**BARLEY, M.L.
1919 ESPANOLA DR.
ORLANDO FL 32804**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
11 DELEON AVENUE

83 **P O BOX 1915**

84 City

ISLAMORADA

85 **FL**

Zip Code

33036

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

M L Barley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D MILLS, JON L**
STREET ADDRESS **2727 NW 58TH BLVD.**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ DELETE

NAME **CTD BARLEY, M. L**
STREET ADDRESS **1919 ESPANOLA DRIVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **SD PATTERSON, GAIL C**
STREET ADDRESS **6521 JOHN ALDEN WAY**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M L Barley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99
Date

305/664-5598
Daytime Phone #

CR2E037 (11/98)